

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. **148**  
Registered No. **167**

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Globe County Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Merna Ruth Harrison (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept. 8, 1931</u> Month Day Year
6. No., in order of birth.				

8. **FATHER**  
Full name Willard Maurice Harrison

9. Residence  
(Usual place of abode) Globe  
If non-resident, give place and state. Ariz.

10. Color or race  
White

11. Age at last birthday 43 (Years)

12. Birthplace (city or place) Eden  
(State or country) Mo.

13. Occupation  
Nature of Industry Bookkeeper

14. **MOTHER**  
Full maiden name Edith Henrietta Harrison

15. Residence  
(Usual place of abode) Globe  
If non-resident, give place and state. Ariz.

16. Color or race  
White

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) St. Louis  
(State or country) Mo.

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. <u>6</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 2:55 P. m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams  
Physician  
(Physician or Midwife)

Given name added from 585-908-587  
a supplemental report. Month, day, year

Address Box 636 Globe, Ariz.  
Filed 10/6-1931 G. E. W. Harrison  
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.